



# Improving Child Welfare Outcomes through Systems of Care

Family Partner Interactions with Families and Child and Family Team Observations Report

9/30/2009

## ***I. Family Partner Interactions and Service Provision to Families Involved with the Child Welfare System***

### **Overview**

Under the System of Care (SOC) framework, families play an integral role in the development and implementation of service plans designed to produce permanence, safety, and well-being for children. In keeping with MRS and SOC principles, each of the three SOC pilot counties hired part- or full-time family partners to engage and support families involved with the child welfare system. There is one full-time family partner in Bladen County, and four part-time family partners in Mecklenburg County. While family partner roles and responsibilities do vary across the two counties, generally, family partners participate in CFT meetings, support families in court proceedings, recruit and train family advocates, recruit foster and adoptive parents, provide parenting education services, and advocate for families across child serving systems. Family partners strengthen the family voice in local collaborative group meetings, agency meetings, training events, and more.

As part of the local evaluation of the “Improving Child Welfare through Systems of Care” grant, evaluators at the Center for Child and Family Policy at Duke University developed a database to track both the amount and type of work being conducted by family partners in Bladen and Mecklenburg Counties.<sup>1</sup> One family partner in Bladen County, and three in Mecklenburg County, documented this information into the database from January through July 2009.

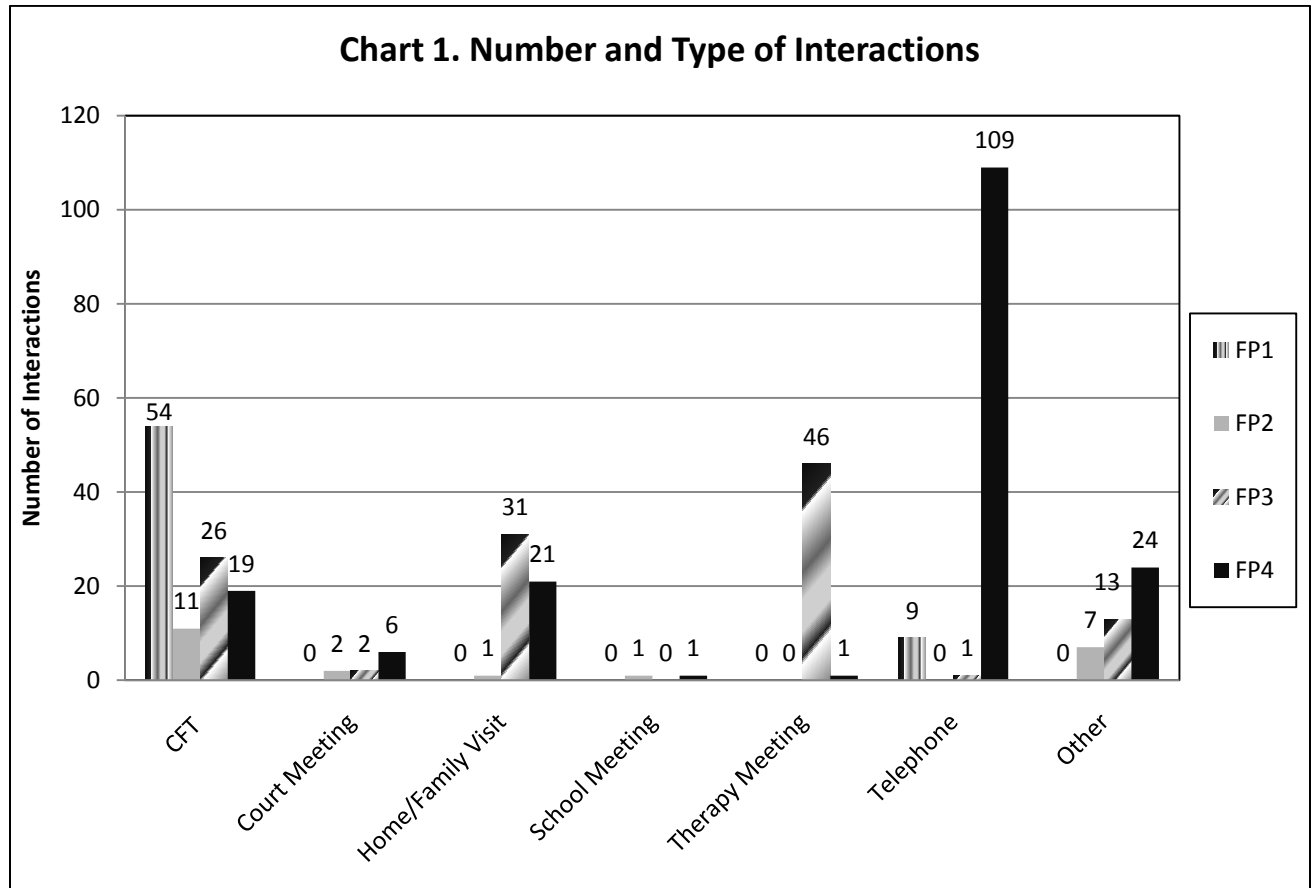
### **Interactions with Families**

As shown in Chart 1, the most frequent type of interaction for all four family partners was attending a CFT meeting. Family partner 3 (Mecklenburg County) documented attending a significant number of therapy meetings and home/family visits with families. Family partner 4 (Bladen County) also documented attending

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<sup>1</sup> Alamance County did not have a family partner in place during the data collection time period, and thus were not included in this component of the evaluation.

significant number of home/family visits with families in addition to having a large number of telephone calls with families.



### Services Provided

After documenting the type of interaction with families, family partners could then also document the nature or type of service they provided to families. Table 1 shows the number and type of services provided by family partners to the families that they worked with during the data collection time period. Similar to Chart 1, the most frequent type of service provided was assisting families at support group meetings. Other commonly provided services including assisting caregivers with parenting skills, helping family teams develop wrap solutions, connecting families with food banks, supervising children, assisting families with housing needs, and assisting with finding community services or activities for youth and adults.

<b>Table 1. Types of Services Provided</b>					
<b>Service Provided</b>	<b>FP1</b>	<b>FP2</b>	<b>FP3</b>	<b>FP4</b>	<b>Total</b>
Assist family at a support group meeting		2	51		<b>53</b>
Assist caregiver with parenting skills	11	7		6	<b>24</b>
Help family team develop wrap solutions	2	1	19		<b>22</b>
Connect family with food bank	7	1	6		<b>14</b>
Supervise child	2		9	2	<b>13</b>
Assist family with housing needs	5	1	5		<b>11</b>
Assist with finding community services, activities for youth/adult	3	1	7		<b>11</b>
Connect caregiver to a support group meeting	2	2	5		<b>9</b>
Assist family with recreation activities		3	3	2	<b>8</b>
Assist with navigation of Child Welfare System	3	1	3	1	<b>8</b>
Assist with crisis situation/stabilization	4	1	2		<b>7</b>
Connect family with resource specialist	5		2		<b>7</b>
Assist caregiver in finding job training	4		1		<b>5</b>
Assist caregiver with alcohol or drug issues	4				<b>4</b>
Help family shop for clothes, food, etc.	3	1			<b>4</b>
Assist with anger management	1	2	1		<b>4</b>
Assist with finance or budgeting skills	1	1	1	1	<b>4</b>
Assist with navigation of the Mental Health System	1			3	<b>4</b>
Help caregiver find employment	1		2		<b>3</b>
Provide life skills training		2	1		<b>3</b>
Assist family with finding legal help				3	<b>3</b>
Assist family with making healthier food choices		2	1		<b>3</b>
Assist with a referral to a therapist	2		1		<b>3</b>
Provide tutoring assistance			3		<b>3</b>
Provide transportation			3		<b>3</b>
Provide mentoring to the child		1	2		<b>3</b>
Connect family with temporary shelter	2				<b>2</b>
Help caregiver with resume	1		1		<b>2</b>
Assist caregiver with stress reduction technique		1	1		<b>2</b>
Help recruit family/friend as team member			2		<b>2</b>
Assist with finding respite care	1	1			<b>2</b>
Assist youth with avoiding detention, suspension			2		<b>2</b>
Assist youth in finding job training	1				<b>1</b>
Assist caregiver with paperwork for services			1		<b>1</b>
Assist with seeking or receiving medical help				1	<b>1</b>

## ***II. Child and Family Team Observations***

### Overview

During the sixth and final year of the SOC grant, Child and Family Team (CFT) meetings were assessed in Bladen and Mecklenburg Counties using the Team Observation Method (TOM). Developed by the Wraparound Evaluation and Research Team at the University of Washington, the TOM is designed to assess adherence to standards of high-quality wraparound during CFTs. It consists of 20 items, with two items dedicated to each of the 10 principles of wraparound:

- |                           |                        |
|---------------------------|------------------------|
| • Family voice and choice | • Culturally competent |
| • Team based              | • Individualized       |
| • Natural supports        | • Strengths based      |
| • Collaboration           | • Persistence          |
| • Community-based         | • Outcome based        |

From January through July 2009, evaluators at the Center for Child and Family Policy observed an equal number of meetings with and without a SOC family partner present as a team member. This resulted in a total of 18 meetings observed with family partners present (n= 5 in Bladen County, and n=13 in Mecklenburg County) and 18 meetings without the presence of family partners (n=4 in Bladen County, and n=13 in Mecklenburg County). The goal was to examine possible differences in the quality of CFT meetings where family partners were in attendance. The family partner in Bladen County works primarily with families referred to her by social workers at the Bladen County Department of Social Services, and often meets and works with families prior to, and after, attending their CFT. In Mecklenburg County, the four part-time family partners for each of the four geo-districts often don't meet families until the actual CFT meeting. At the family's request, family partners in Mecklenburg can continue to work with these families after a CFT.

CFT facilitators in Mecklenburg and Bladen Counties were asked to provide Center staff with their CFT meeting schedule each week and information about each case (i.e. whether or not a case was still in the family assessment process, receiving in-home services, or in foster care). Family partners in each county were also asked to notify Center staff as to which of the scheduled meetings they would be attending for that week. Evaluators reviewed the schedules and selected the most suitable meetings to attend in order to obtain an equal number of meetings with and without the presence of a family partner. Facilitators were also asked to inform social workers that evaluators from the Center may observe their CFT, and subsequently, social workers were asked to obtain permission from families before the CFT was held.

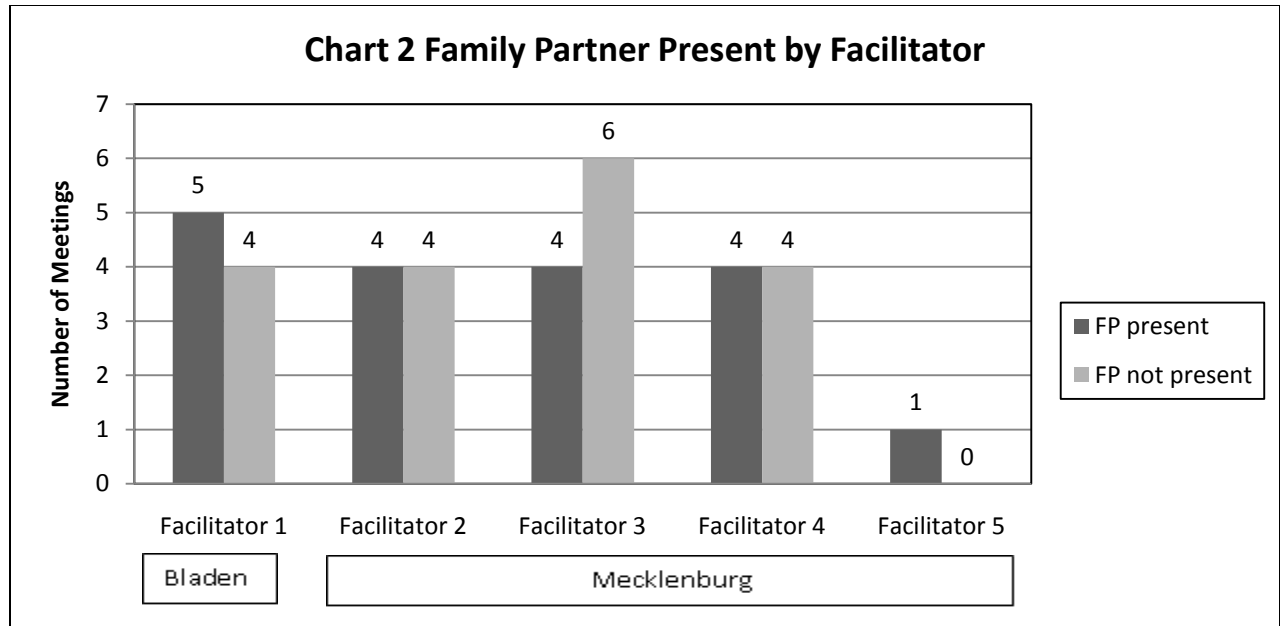
Members of the Center were trained using the TOM Observer Training Toolkit before actually administering observations in order to ensure greater reliability and validity of TOM data. A trained observer then attended one to two meetings a week, on average. Upon arriving at a CFT meeting, the observer gave a brief explanation of the purpose of the research and reviewed the consent form with the parent(s) or caregiver(s). The parent(s) had the opportunity to ask questions and accept or deny the request to attend the meeting, as the parent(s) make the final decision about who attends their meetings. If consent was granted, the observer used the TOM to evaluate the meeting.<sup>2</sup>

As shown in Chart 2, meetings were observed for all four neutral facilitators in Mecklenburg County<sup>3</sup> and the one neutral facilitator in Bladen County.

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<sup>2</sup> No parents or caregivers declined to give consent for their meeting to be observed by Center staff.

<sup>3</sup> The fifth facilitator in Mecklenburg County began facilitating meetings in April/May 2009, and Center staff was only able to observe one of their CFTs.



### Meeting Type

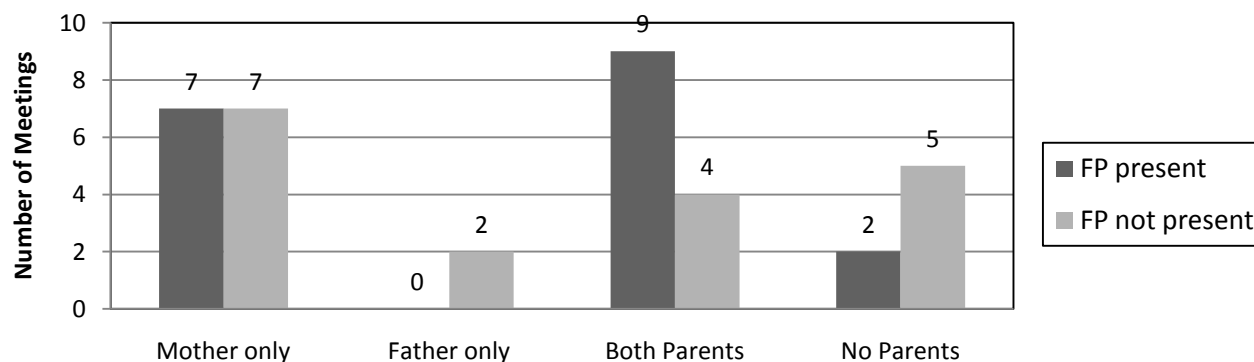
As Table 2 shows, a total of eight meetings observed were initial CFTs (i.e. this was the first CFT for a family), 20 were follow-up meetings, and eight were transition or discharge meetings. For all three, the presence of a family partner tended to be equally distributed. Four of the observed meetings were for cases that were from the investigative assessment track, 20 were for cases that were receiving in-home services, the remaining 12 meetings observed were for permanency planning, adoption or transition, cases where custody of a child was going to take place, or a placement move was about to, or had already occurred.

**Table 2. Type of Meetings Attended by Family Partners**

	Initial		Follow-up		Transition/Discharge		
	FP present	FP not present	FP present	FP not present	FP present	FP not present	Total
Investigations	1	2	0	1	0	0	4
In-Home Services	1	1	10	7	1	0	20
Pre-Custody	1	0	1	0	0	0	2
Placement Move	0	0	0	0	0	1	1
Permanency Planning	1	1	0	1	2	2	7
Transition or Adoption	0	0	0	0	0	2	2
<b>Total</b>	<b>4</b>	<b>4</b>	<b>11</b>	<b>9</b>	<b>3</b>	<b>5</b>	<b>36</b>

### Meeting Participants

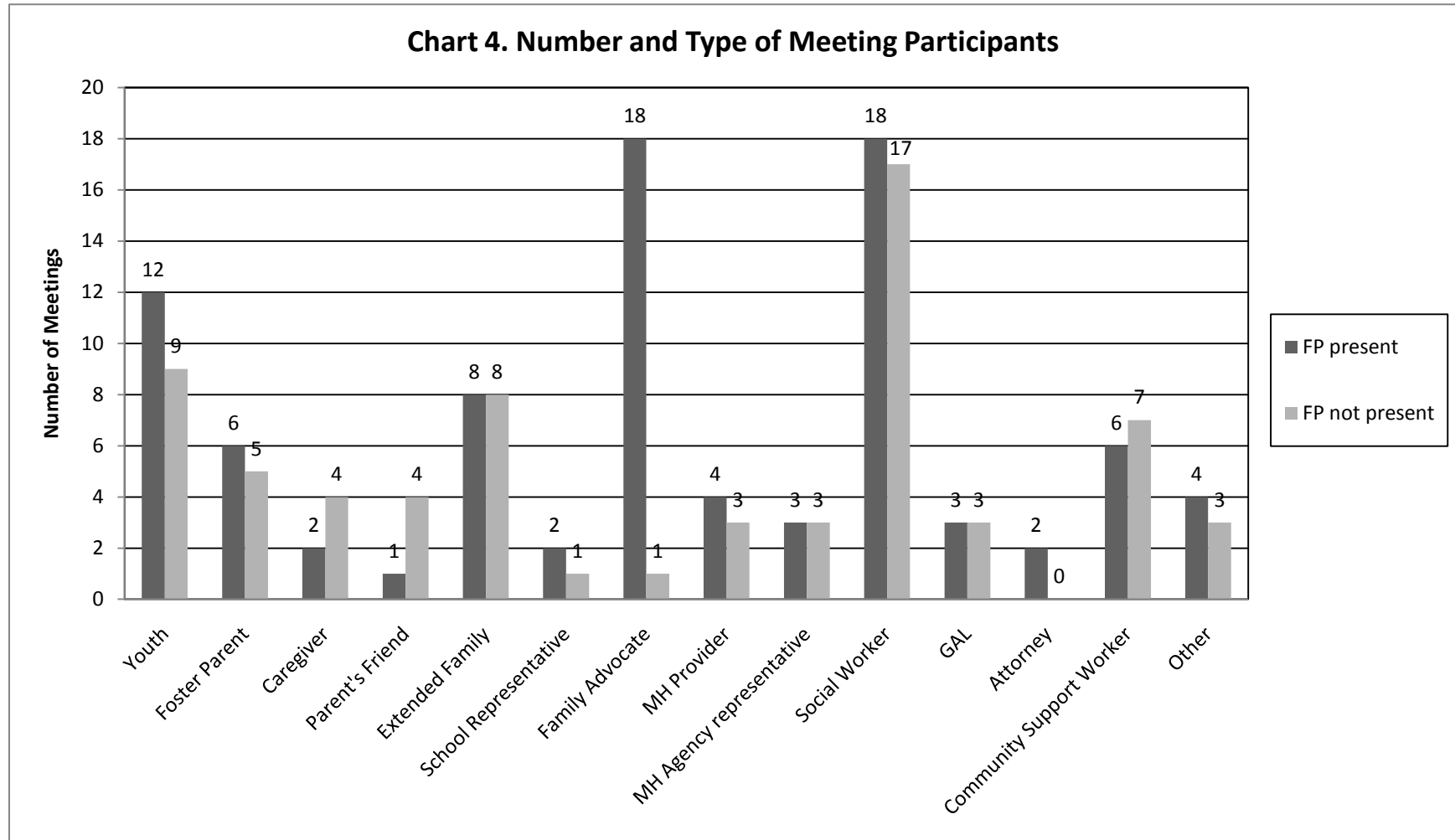
While the majority of meetings observed had one or both parents present, parents were not in attendance for seven meetings (see Chart 3). Of those seven, one meeting did have an aunt present who had legal guardianship of the children and was pursuing adoption, one had the maternal grandmother in attendance because the mother was unable to attend due to medical reasons, and foster parents were present for the remaining four meetings.

**Chart 3. Number of Meetings with Parents Present**



## SOC Final Report – Family Partners and CFT Observations

As shown in Chart 4, there were a large number of relatives, other informal supports, community supports, and service providers at the 36 CFT meetings observed from January to July 2009.



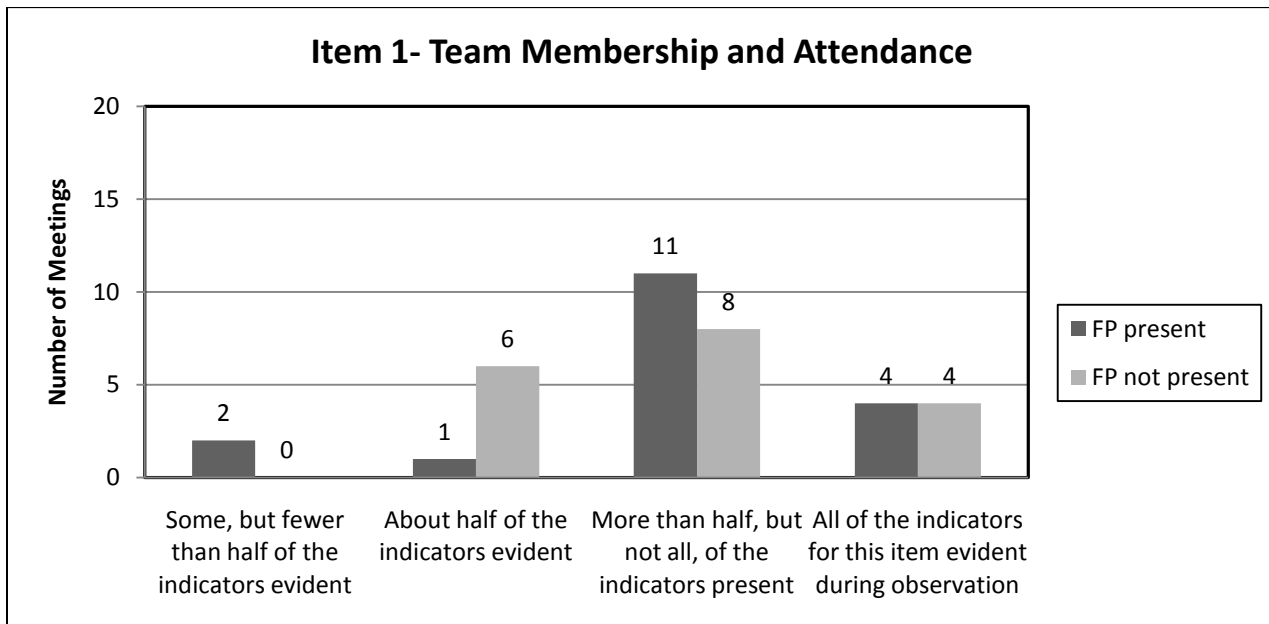
*Note: "Other" included a Youth Homes representative, Legal Guardians, and an Elon Homes representative.*

### TOM Item Scores

For each of the 20 items included in the TOM, there are between 3 and 5 indicators. Each indicator must be scored as “Yes” (this was observed during the meeting), “No” (this was not observed to occur during the meeting), and for some indicators “N/A” (for example, “Youth (over age 9) is a team member and present at the meeting,” would be scored as N/A if there were no youth over the age of 9). The following 20 charts show the TOM item scores for CFT meetings with and without the presence of a family partner. Statistical analyses did not demonstrate any differences in either indicator or item scores between meetings where family partners were present and meetings where they were not.

#### *Item 1- Team Membership and Attendance*

- Parent/caregiver is a team member and present at the meeting.
- Youth (over age 9) is a team member and present at the meeting.
- Natural supports for the family are team members and present.
- Key school or other public stakeholder agency representatives are present.
- Key service providers are team members and are present.

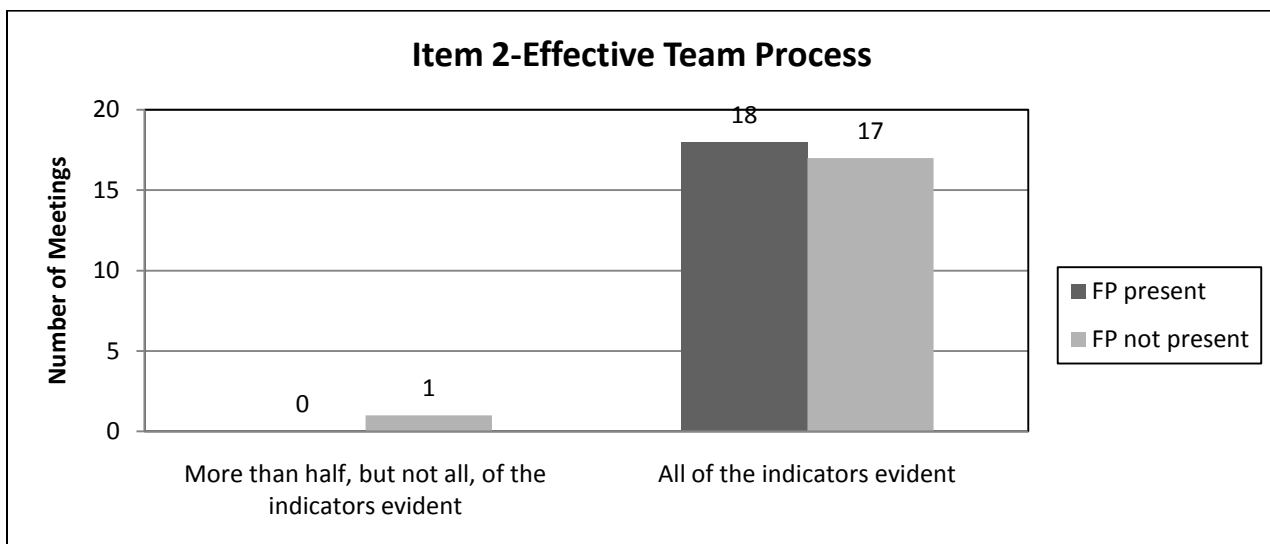


*Sample Observer Notes:*

- Mother and father are present, as well as many members of the maternal family. The grandparents have custody of the older child.
- The four children are of age to attend the meeting but are not present. There are no natural supports present, though it is unclear whether they knew they [the parents] could have supporters and opted not to bring them or if they were unaware of that right.
- The daughter (age 9) was involved in the meeting and helped take care of her little brothers. The mother was aware that she could have brought family and supports, but she said her sister couldn't make it. Service providers are not yet working with the family, so there were none in attendance.
- None of the family's supports are present. None of the service providers attend the meeting.
- There is a large team in place to support the family.

*Item 2- Effective Team Process*

- Team meeting attendees are oriented to the wraparound process and understand the purpose of the meeting.
- The facilitator assists the team to review and prioritize family and youth needs.
- Tasks and strategies are explicitly linked to goals.
- Potential barriers to the nominated strategy are discussed and problem-solved.

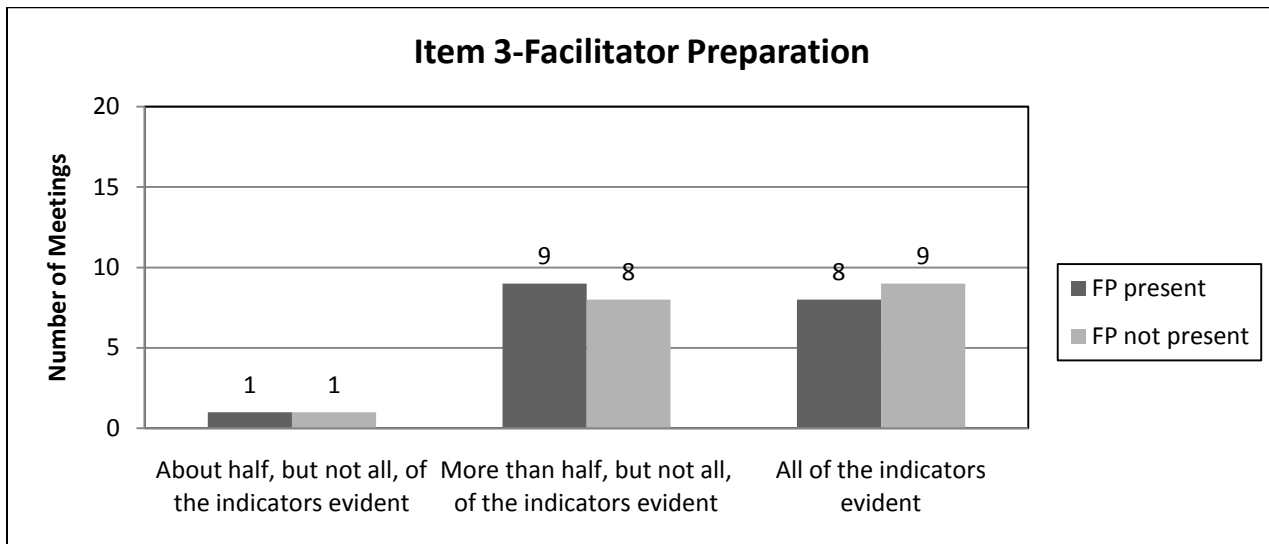


*Sample Observer Notes:*

- Facilitator gives a comprehensive introduction to the meeting and process. She explains her role as a neutral facilitator. Strategies are set in place to achieve the goal of reunification, and potential challenges are discussed at length.
- The family doesn't seem to understand the process, even though the facilitator explains it at the beginning.
- The team is familiar with the process and purpose of the meeting. Team members explore solutions to potential problems and specifically outline steps of the plan.

*Item 3- Facilitator Preparation*

- There is a clear agenda or outline for the meeting, which provides an understanding of the overall purpose of the meeting and the major sections of the meeting.
- The meeting follows an agenda or outline such that team members know the purpose of their activities at a given time.
- The facilitator has prepared needed documents and materials prior to the meeting.
- A plan for the next meeting is presented, including date and time.



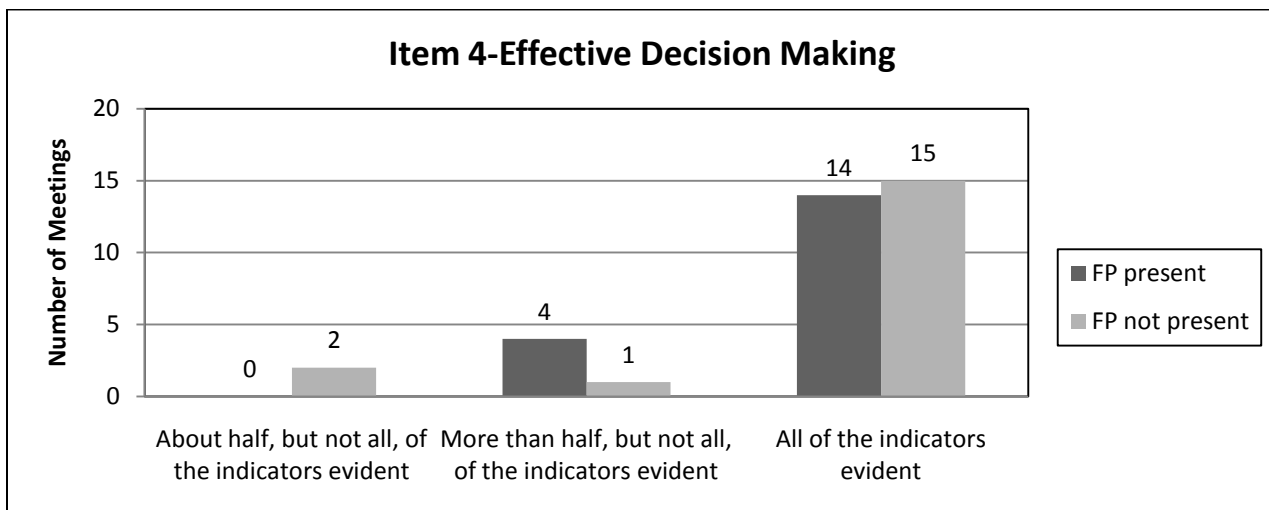
*Sample Observer Notes:*

- The facilitator is fully prepared for the meeting. She brought the minutes from the previous meeting to summarize. They set a specific date, time, and location for the next meeting, to be held in a month.

- The meeting loosely follows the agenda, but team members often get off track. It seems that they aren't clear about their roles in the meeting. There is no date set for the next meeting.
- The agenda is posted at the front of the room and is referred to often throughout the meeting. Everyone is clear on their role. Facilitator plans to type up the meeting's notes and share them with the team. A date is decided on for the next meeting.
- Facilitator loosely lays out an agenda, but when they get to the strengths part, they [the parents] don't seem to understand. The facilitator didn't explain what this section was about or why they share strengths, No plan for the next meeting is discussed or what will happen next on the case. The meeting just ends abruptly without any real conclusion.

*Item 4- Effective Decision Making*

- Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement.
- Team members reach a shared agreement after having solicited information from several members or having generated several ideas.
- The plan of care is agreed upon by all present at the meeting.
- The facilitator summarizes the content of the meeting at the end of each meeting, including next steps and responsibilities.

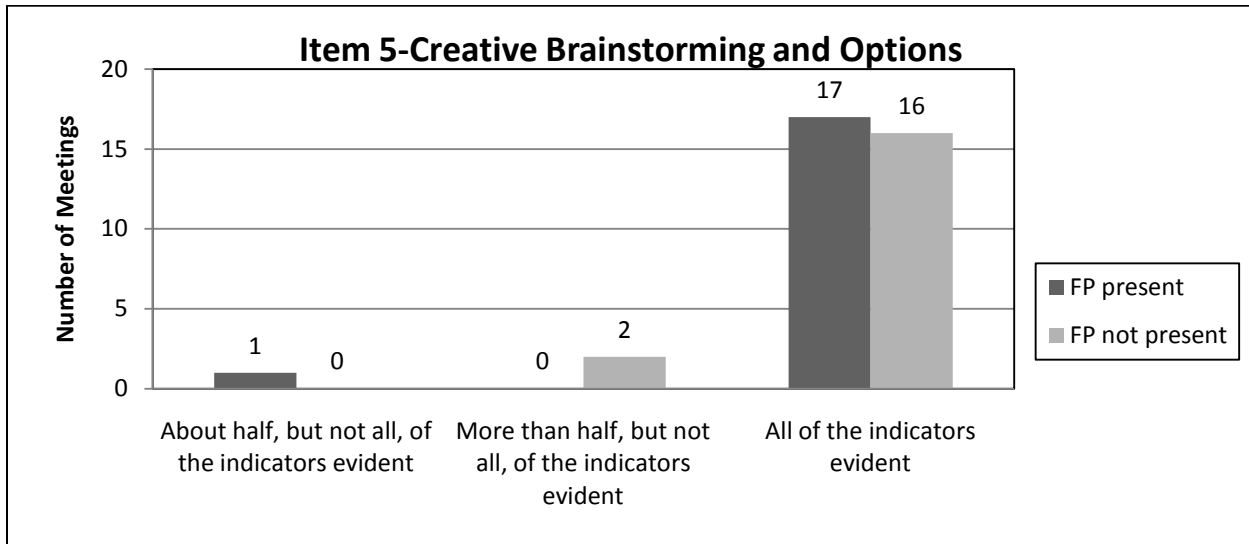


*Sample Observer Notes:*

- Team members do not always demonstrate willingness to compromise. Much of the meeting is people disagreeing and not wanting to budge on their positions. However, by the end of the four hour long meeting, people make concessions and everyone agrees on the plan of care.

*Item 5- Creative Brainstorming and Options*

- The team considers several different strategies for meeting.
- The team considers multiple options for tasks or action steps.
- The team uses a structured process or procedures to generate options or choices.
- The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.

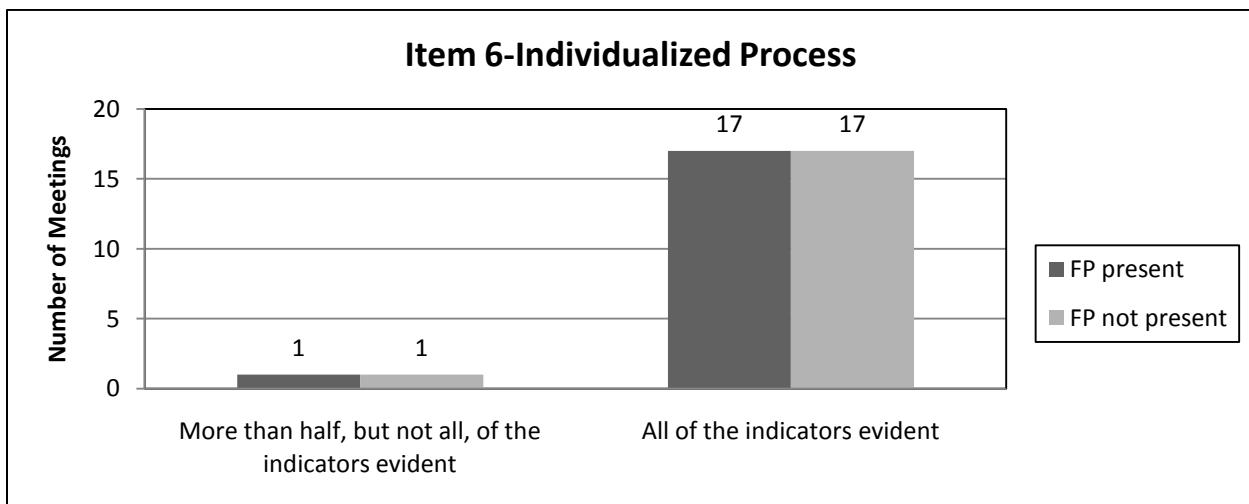


*Sample Observer Notes:*

- Team members brainstorm different options to address needs of the family. For example, there is a clash over the children's clothing and hair, so the parent and foster parents work to find a suitable agreement. They also discuss options and logistics of switching to unsupervised visits with the children.
- The meeting was pretty quick and simple. The social worker recommended services and the mother agreed to them. There wasn't really much brainstorming, though the facilitator tried to spark more ideas.
- A lot of the time is devoted to brainstorming. Many options are discussed. Towards the end, one of the supervisors thinks of a great option for funding for a particular part of the plan, which is a huge breakthrough for the family.
- Different ideas are generated by the team, but there is a lack of a structured brainstorming process.

*Item 6- Individualized Process*

- Planning includes actions steps or goals for other family members, not just the identified child.
- Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports.
- Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family.
- Youth, caregiver, and family members give their opinions about potential services, supports, or strategies; including what has or has not worked in the past.

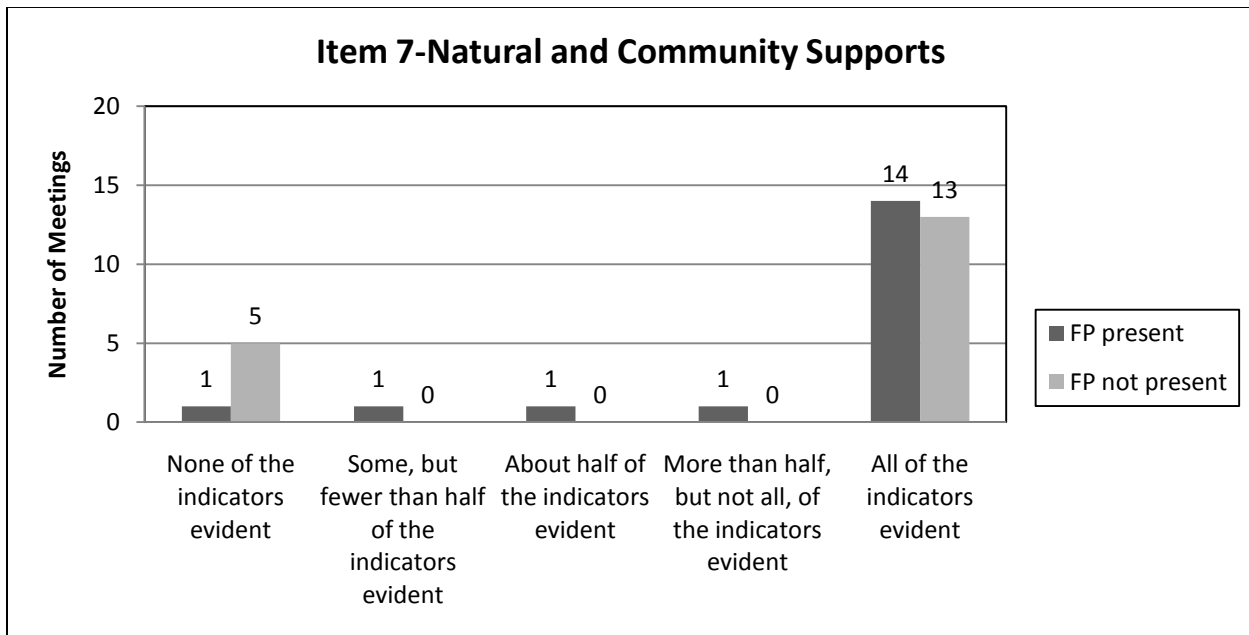


*Sample Observer Notes:*

- The plan is individualized for this family. The girl is going to see a new therapist who is bilingual, who will also work with other family members. Community resources are utilized effectively. Youth and parents have more than ample opportunity to share their opinions about what they believe is best for their family.
- The family leads the meeting and shares their experiences with raising the children. The social work supervisors and facilitator offer their expertise about community supports and services available to the family. The plan is specified to the family, for example, one of the homes is right on the border between two counties so the team brainstorms ways to get around that.
- The family members and their church supports are all involved in the plan. They voice their views about what they think will work and not work to construct a solid plan. They come up with solutions rooted in the community, like with their church and the YMCA.

*Item 7- Natural and Community Supports*

- Team provides multiple opportunities for natural supports to participate in significant areas of discussion.
- Community team members and natural supports participate in decision-making.
- Community team members and natural supports have a clear role on the team.



*Sample Observer Notes:*

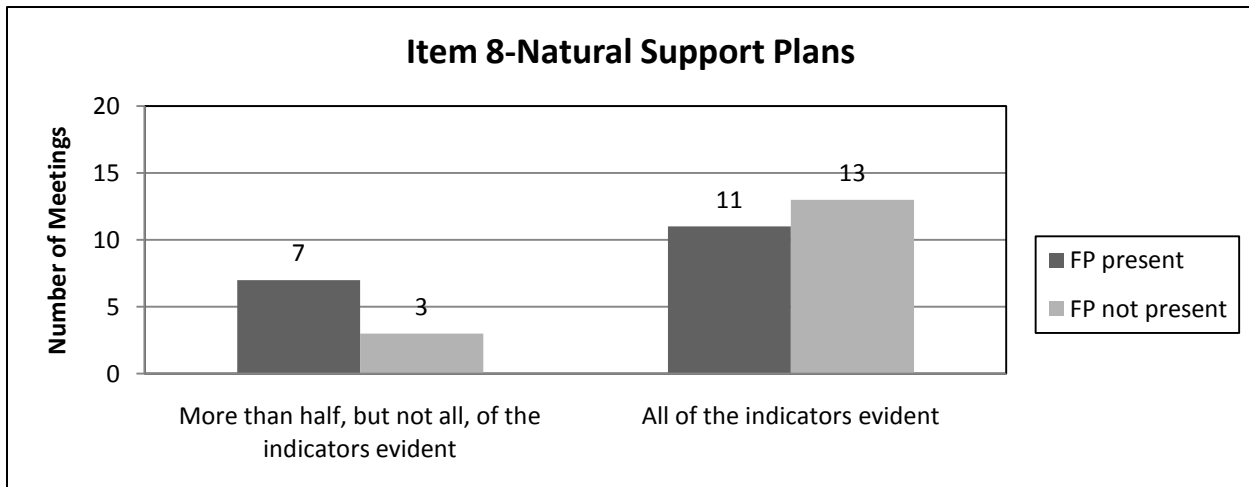
- Extended family members are crucial to the team. Rarely does one person have so much unwavering support in these meetings. They know their roles and take on responsibility for action steps in the plan.
- Both community and natural supports are active members engaged in the process. They know their roles and share their opinion when it's appropriate.
- The one person that the mother would like to be at the meeting is her sister, who was unable to make it. The family partner did not really contribute to the meeting.
- There weren't any natural supports present. However, the community support person and family partner were actively involved in decision-making.
- The family partner was present at the meeting, but did not participate in decision-making and did not speak often. However, it is evident that she is actively involved with the family outside of the meeting.
- The family partner and GAL give input on the plan.



- Natural supports are crucial to the meeting, as they are also the relative caregivers. The family partner offers her opinion when she can.
- No natural supports are present, at the insistence of the mother. The family partner is actively involved with the family and has apparently been of good assistance to them.

*Item 8- Natural Supports Plan*

- Brainstorming of options and strategies include strategies to be implemented by natural and community supports.
- The plan of care represents a balance between formal services and informal supports.
- There is flexible funding available to the team to allow for creative services, supports, and strategies.

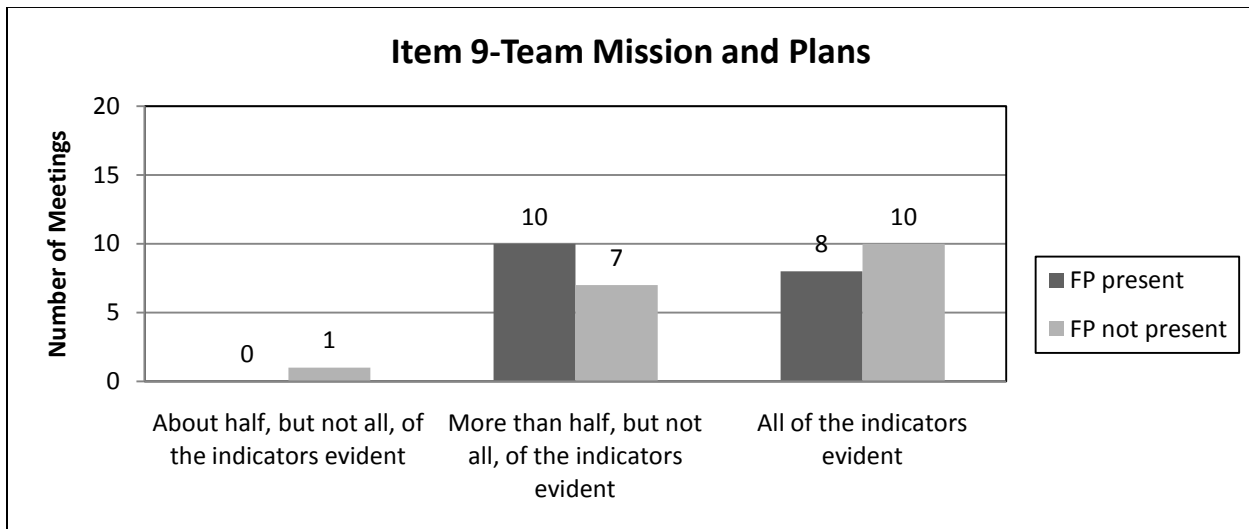


*Sample Observer Notes:*

- The plan is a good mix of formal and informal parts. For instance, the families will follow legal adoption procedure, but they both agree to have visits with siblings and the mother. This is not required by the law and shows effort to go above and beyond. Funding for adoption assistance is discussed.
- Informal supports are never mentioned in the process. It is mostly just about trying to get in-home services in place. There is some talk about flexible funding for substance abuse treatment.
- Funding for drug screens will be provided by DSS until Medicaid begins. The plan of care incorporates formal and informal services and supports. For example, the grandparents of the mother have the child and provide the visitation setting. Also, the mother's sister provides child care. There is counseling in place.

*Item 9- Team Mission and Plans*

- The team discusses or has produced a mission/vision statement.
- The team creates or references a plan that guides its work.
- The team has confirmed or is creating a crisis plan.
- The team plan contains specific goals that are linked to strategies and action steps.

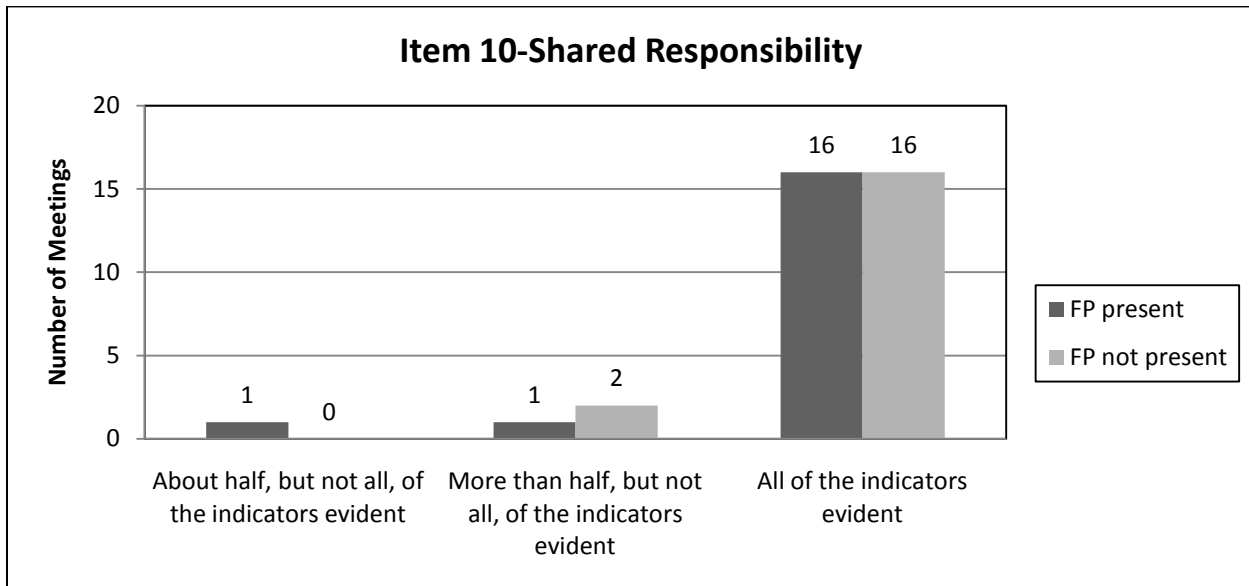


*Sample Observer Notes:*

- A common mission guides the team's work. They explore what will happen if there is an emergency. The plan contains specific action steps like the parents agreeing to go for substance abuse evaluations that very day.
- The team is working towards accomplishing their mission. There is a contingency plan, but not a specific crisis plan. The facilitator explains what a crisis plan is and asks the mother to help create one, but she just says she will stay away from the children's father.
- The plan includes detailed action steps, as well as crisis plans. There is a mission which guides the work, which is to achieve relative placement.
- Team operates with a mission. The facilitator mentions making a crisis plan at the beginning of the meeting, but they never end up doing so. The meeting runs so long that they do create a plan, but not a backup.

*Item 10- Shared Responsibility*

- The team explicitly assigns responsibility for action steps that define who will do what, when, and how often.
- There is a clear understanding of who is responsible for action steps and follow up on strategies in the plan.
- Providers and agency representatives at the meeting demonstrate that they are working for the family and not there to represent a different agenda or set of interests.

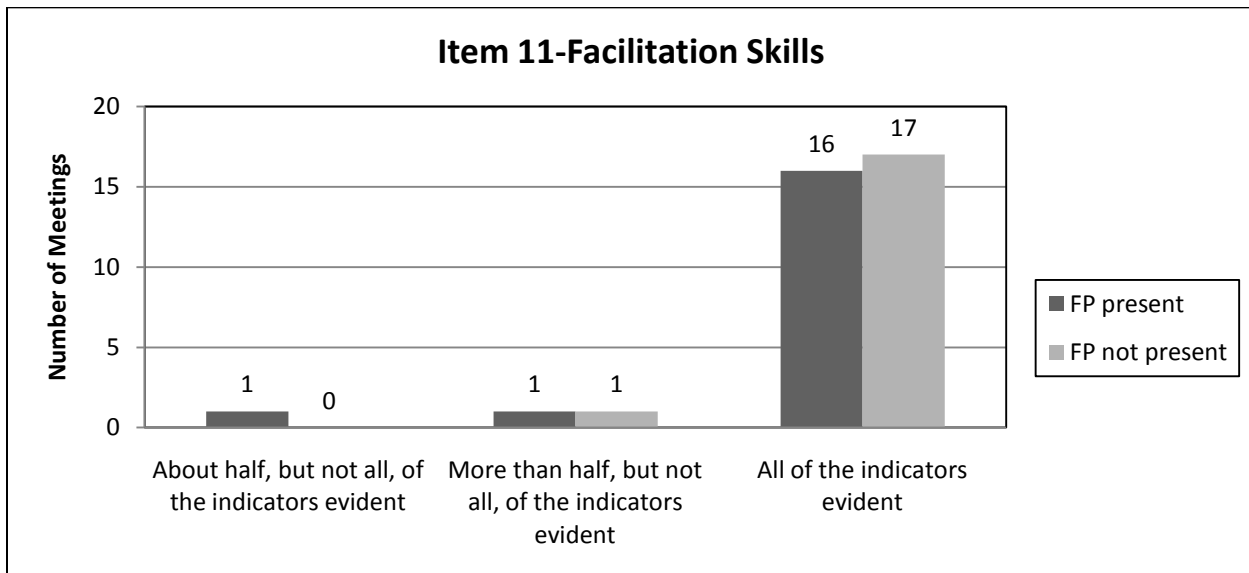


*Sample Observer Notes:*

- Team members agree to take on responsibility for steps of the plan, for example, the GAL will look into whether or not the court order permits unsupervised visits. Team members clearly communicate outside of the meetings to work towards the family's progress.
- There are different steps in the plan, but not all of them are explicitly assigned to specific team members. Apparently, the social worker is going to work with the mother to find services and work out Medicaid issues, but it is not clearly understood.
- Team members take on responsibility for steps of the action plan. They set a date and time by which they will get enrolled in the services. There is some difficulty in that the father resides in a county other than Mecklenburg, but they make plans to get services in place there. The social worker will check in with them on a weekly basis.
- The team creates actions steps and some of them are clearly assigned to a person with a deadline in place. Some steps are more ambiguous however, and it is not clear about how they will be accomplished. Team members will communicate outside of the meeting, especially because two social workers are involved because of the overlap of the two cases.

*Item 11- Facilitation Skills*

- The facilitator checks in with the team members about their comfort and satisfaction with the team process.
- Facilitator is able to impart understanding about what the wraparound process is, how it will work for this family, and how individual team members will participate.
- Facilitator reflects, summarizes, and makes process-oriented comments.
- Facilitator is able to manage disagreement and conflict and elicit underlying interests, needs, and motivation of team members.
- Talk is well distributed across the team members and each team member makes an extended or important contribution.



*Sample Observer Notes:*

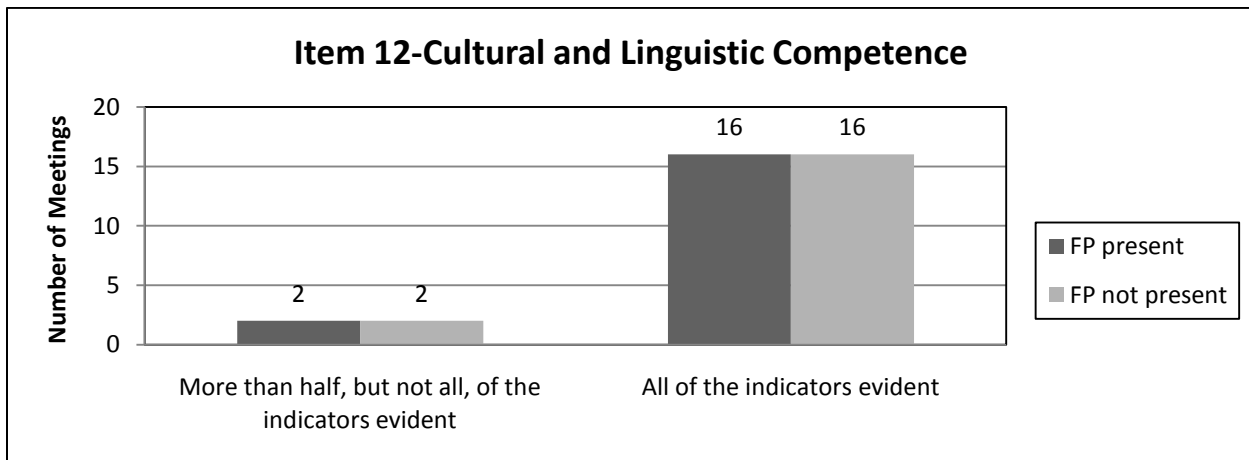
- She did a great job facilitating the meeting. There was some friction with differing opinions, but she was able to mediate between parties. They all came together in the end. Also, the facilitator summarized what had been said so that everyone was on the same page.
- The facilitator tries to get the family on board with the process, but they don't understand how it works. The facilitator summarizes what has been said and checks in to make sure the family is comfortable.
- Facilitator encourages each team member to contribute and she makes sure that they are comfortable with the process. She checks in with the mother to make sure she is doing well. The facilitator asks if it is okay with the mother to discuss sensitive subjects. The facilitator summarizes

what has been said and checks to see that everyone feels that their voice is being heard. On the rare occasion of conflict, she tactfully finds middle ground for agreement.

- Facilitator regularly checked in with the parents. He was able to summarize and keep the meeting moving along. The case was intense and everyone had a lot to say, so it lasted a long time. It was good that everyone had a chance to share, but there was a lot of repetition and the time duration could have been shorter.

#### *Item 12- Cultural and Linguistic Competence*

- The youth, caregiver, and family members are given time to talk about the family’s values, beliefs, and traditions.
- The team demonstrates a clear and strong sense of respect for the family’s values, beliefs, and traditions.
- Team members do not hold “side-bar” conversations that do not include the youth and family.
- Meetings and meeting materials are provided in the language the family is most comfortable with.
- Members of the team use language the family can understand.



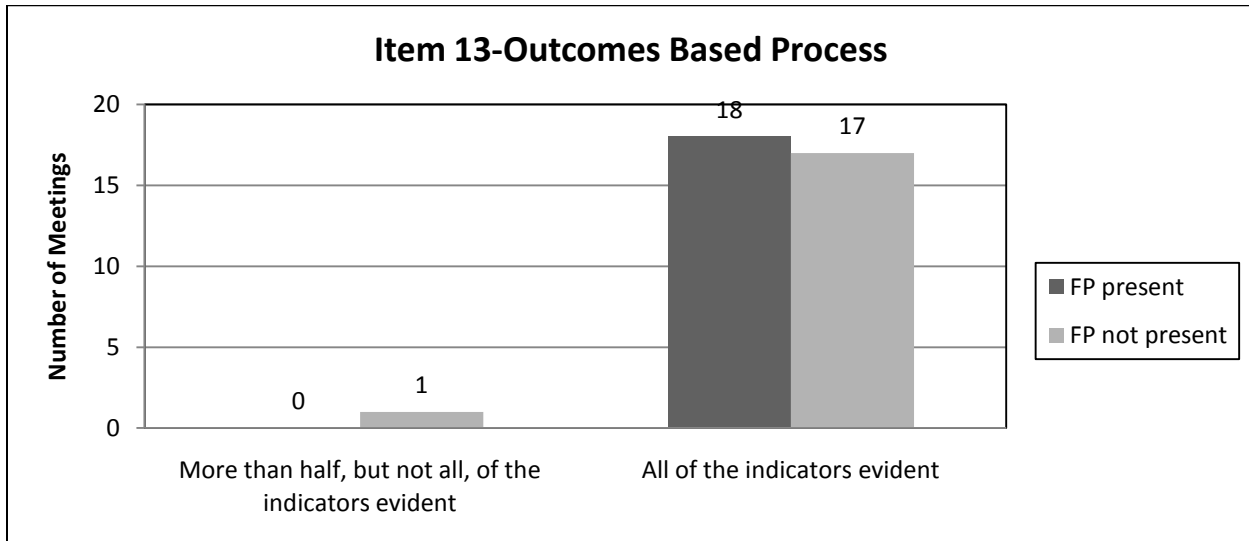
#### *Sample Observer Notes:*

- The meeting and language are appropriate to the family. The facilitator asks if there is any way that they would like to begin their meeting, like with a prayer for example.
- The team respects the family's beliefs and traditions. The language used is appropriate to the family and agency lingo is explained. Some team members do hold side conversations, which are distracting to the team members.
- The team is sensitive to the family's traditions and beliefs. They respect that the family does not wish for the father to be involved at all, but recognize that he still has legal rights.

- All language spoken is appropriate to the family. There are some side conversations though. It was distracting during the meeting, but it didn't occur that often.
- The team was sensitive to the caregiver's family needs. His daughter who lives with them is having a baby soon, so they explored what will happen in the household after the baby is born. They were respectful of the family dynamics and traditions.

*Item 13- Outcomes Based Process*

- The team has or set goals with objective measurement strategies.
- The team assesses goals/strategies using measures of progress.
- The team revises the plan if progress toward goals is not evident.

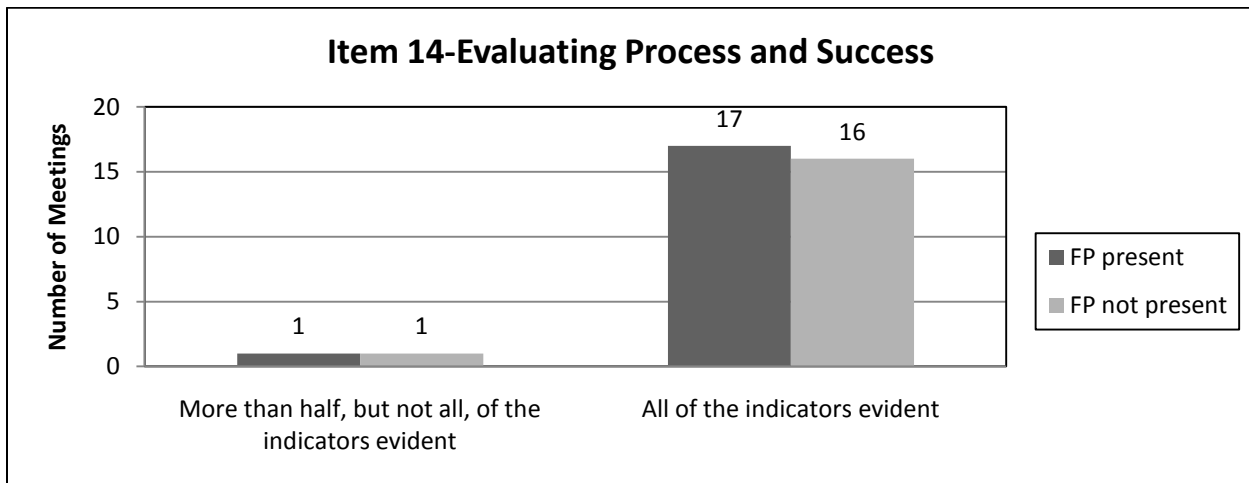


*Sample Observer Notes:*

- They held this meeting because the family wasn't following through on their case plan, so this is clearly an outcomes-based process. They reevaluated goals and decided on services. The mother has 90 days to get on track otherwise the agency will have to staff the case with a lawyer for custody.
- Team utilizes measures of progress, but there is no clear discussion about what will happen if progress is not evident.
- The team monitors the status of the parents in their substance abuse treatment and the children's progress. Because the substance abuse treatment is going well, they are proceeding with unsupervised visits and eventually reunification.

*Item 14- Evaluating Progress and Success*

- The team conducts a systematic review of members' progress on assigned actions steps.
- The team sets or reviews progress on measurable outcomes that are included in the plan.
- Objective or verifiable data is used as evidence of success, progress, or lack thereof.

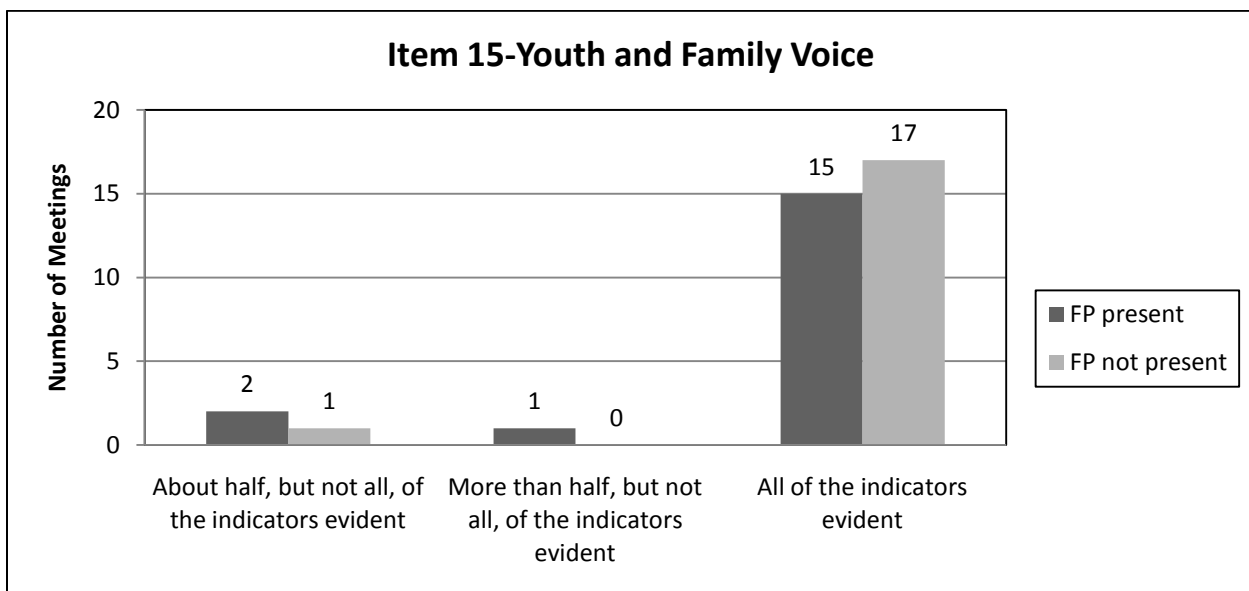


*Sample Observer Notes:*

- They review progress on the status of the adoption process. It was discovered that the grandmother is not eligible to adopt him, but could get him permanently placed with her. They will move forward with that process.
- The parent's part of the case plan is mentioned very briefly. The mother asks when she can start her part, and the social worker says they have their assessments tomorrow. A team member describes the need for therapy for the children but no one verifies that this will be included in the plan. The current foster mother communicated to the social worker prior to the meeting that the children are doing well in her care.
- The team reviews the progress of the children and the mother. They are adjusting well and the mother hopes to get everything together. The team remains hopeful, but pragmatic about the odds of the mother regaining custody of the children.

*Item 15- Youth and Family Voice*

- The team provides extra opportunity for caregivers to speak and offer opinions, especially during decision making.
- The team provides extra opportunity for the youth to speak and offer opinions, especially during decision making.
- Caregivers, parents, and family members are afforded opportunities to speak in an open-minded way about current and past experiences and/or about hopes for the future.
- The youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future.



*Sample Observer Notes:*

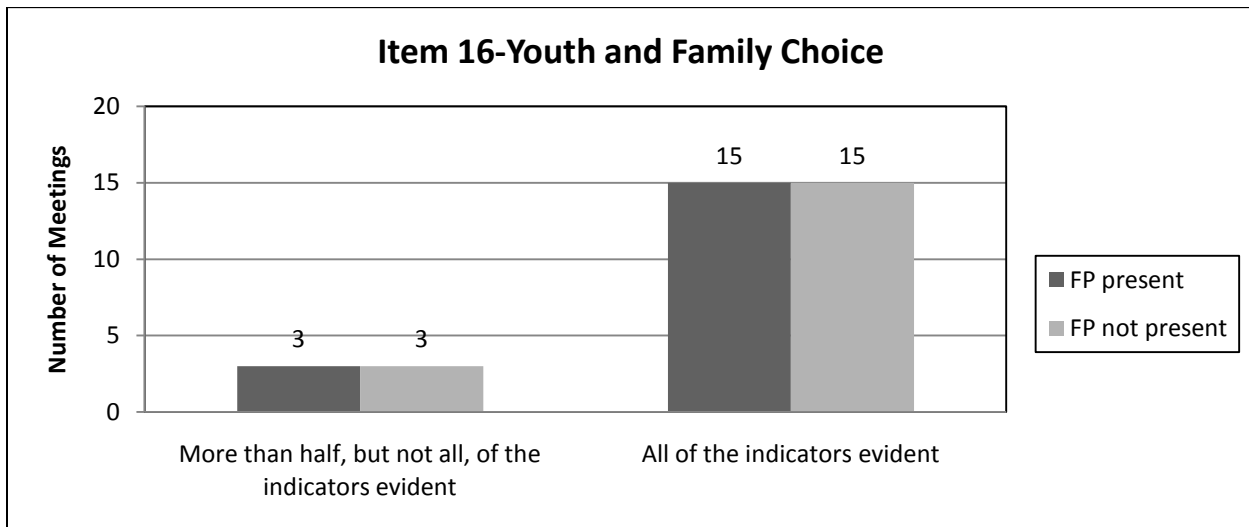
- The family members are afforded lots of opportunities to voice their opinions. They speak for most of the meeting. When one particular discussion gets heated, the facilitator offers for the parents to have some private time to talk alone in the room.
- The mother and daughter speak openly about their experiences and opinions. They state that the son is mentally retarded. He is never really given an open opportunity to share.
- Multiple times throughout the meeting, the facilitator encourages the family members to share their perspectives. Each woman's voices are clearly heard and the facilitator summarizes so everyone is on the same page.
- The family members and caregivers are the main leaders of the meeting. They drive the meeting process, under the guidance of the facilitator. The mother remains pretty quiet for most of the time and at times is spoken of as if she is not in the room.



- Youth was welcomed to speak freely in the meeting and certainly did so. Parents also had ample opportunity to share their opinions. At the beginning, the girl said she didn't want so many people in the room. The facilitator said she could have some people leave while sensitive issues were discussed, but she consented to have everyone present the whole time.

*Item 16- Youth and Family Choice*

- The youth prioritizes life domains, goals, or needs on which he or she would like the team to work.
- The caregiver or parent prioritizes life domains, goals, or needs on which he or she would like the team to work.
- The family and youth have the highest priority in decision making.



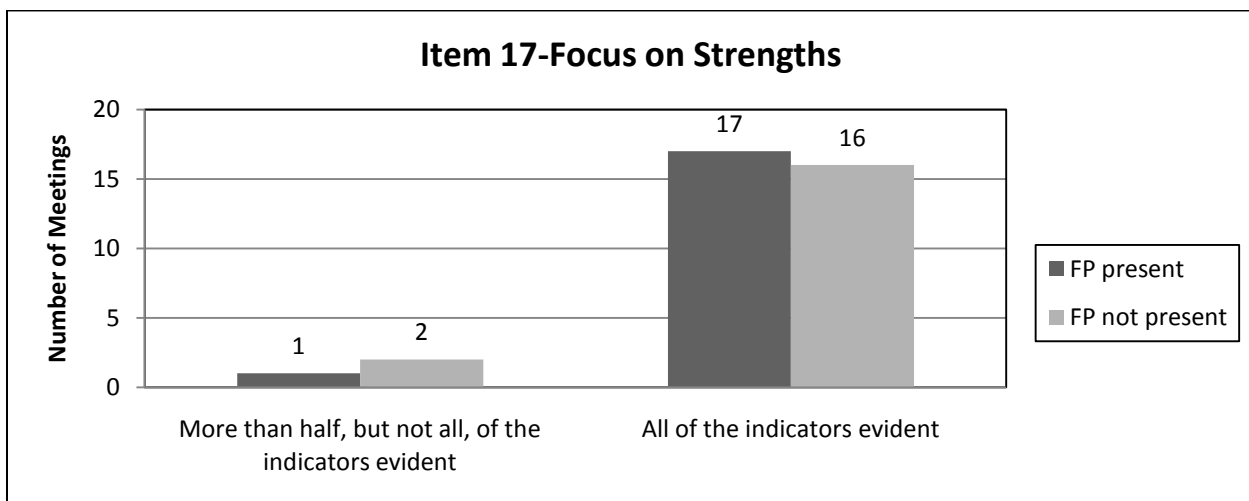
*Sample Observer Notes:*

- Each of the three family members at the meeting made their concerns well known to the team. The daughter even requests that she receives more structure and wants to return to school, which is her main priority.
- The parents do not want to receive any services and think they don't need any help.
- Everyone respects that the mother (and child) are the highest priority in the meeting. They all recognize that she has been through a lot in this process, so are more than willing to adapt to her schedule and needs.
- The parents voice what goals they have for their children. One father is alarmed upon hearing that his son is on medications that he was unaware of and insists on being involved in medical appointments.

- The father has the highest priority in the meeting. He brings up issues that he would like to work on and speaks about what services he thinks would be beneficial

*Item 17- Focus on Strengths*

- Team members acknowledge or list caregivers/youth strengths.
- Team builds an understanding of how strengths contribute to the success of team mission or goals.
- In designing strategies, team members consider and build on strengths of the youth and family.
- Facilitator and team members analyze youth and family member perspectives and stories to identify functional strategies.

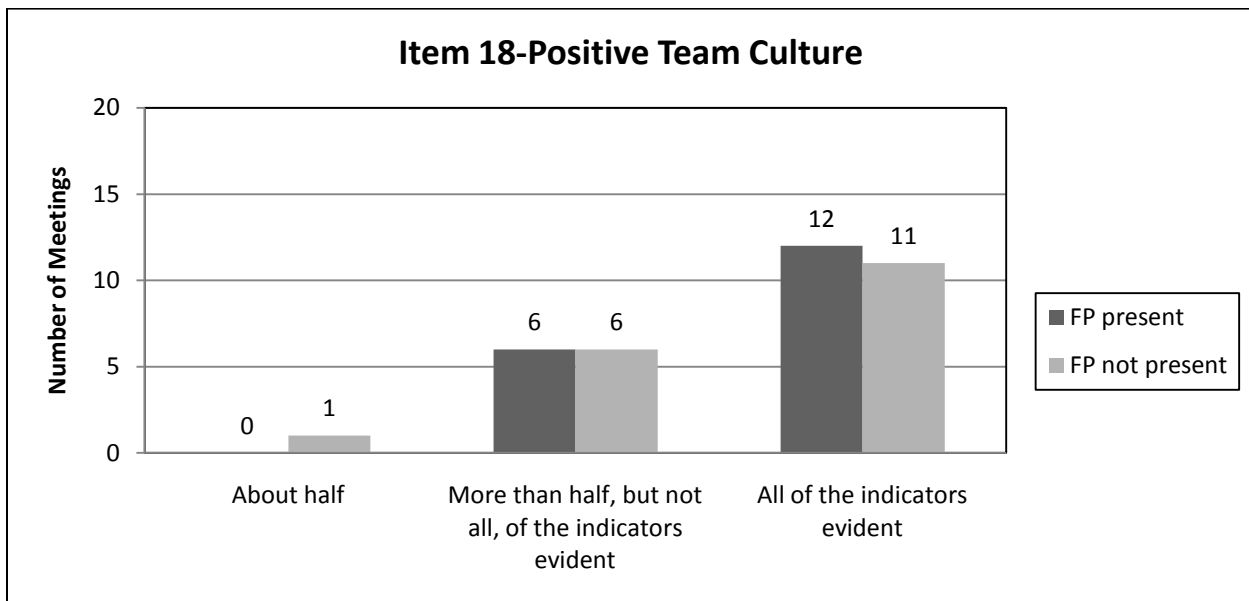


*Sample Observer Notes:*

- Each of the team members voiced what they believe to be strengths of the children and parents.
- The facilitator also reads through the strengths that were shared at previous meetings.
- Facilitator asks the team members to share strengths at the beginning of the meeting, but they aren't really incorporated into the plan for services.
- Team members praise the children's successes and strengths. The mother is not mentioned much, which seems odd because the current goal is reunification with the mother.
- The team acknowledges the family's strengths and incorporates them into the plan, for example, they encourage the eldest son to be a role model for the younger children.

*Item 18- Positive Team Culture*

- The team focuses on improvements or accomplishments throughout the meeting,
- The facilitator directs a process that prevents blame or excessive focus on discussion of negative events.
- The facilitator encourages team culture by celebrating successes since the last meeting.
- Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions for the family.
- There is a sense of openness and trust among team members.



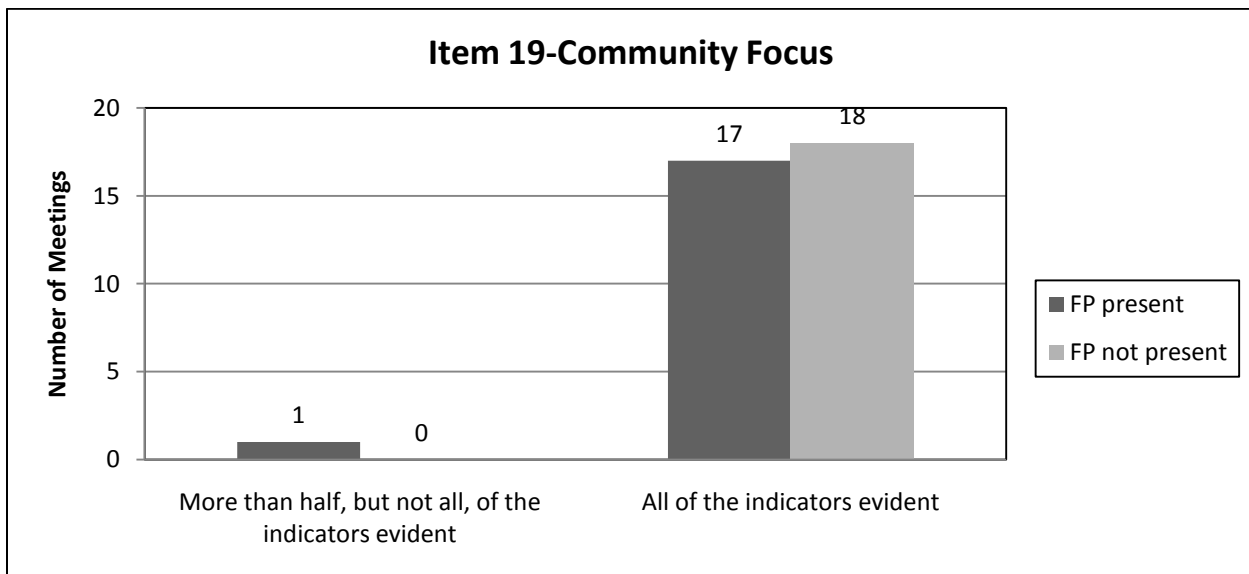
*Sample Observer Notes:*

- Clearly the team cares a lot about the family's well-being. The environment is positive, welcoming, and supportive. Strengths and successes of the family are at the center of the meeting and plan.
- They are holding the meeting because of failure to follow through on the plan, therefore there is not a focus on success since the prior meeting. There is some tension in the room due to this. Team members attempt to find helpful solutions instead of punishing the family.
- The facilitator tries very hard to foster a positive environment for the meeting. However, the family is so fed up with being involved with DSS that they seem resistant for most of the meeting. Also the social worker's supervisor raises his voice out of frustration, which didn't help with creating a sense of trust and openness.

- The meeting atmosphere is positive. After a bad experience in the first foster home, the children are thriving in their current placement. Everyone expresses that they just want what's best for the children and no one is there to blame or punish anyone.

*Item 19-Community Focus*

- The team is actively brainstorming and facilitating community activities for the youth and family.
- The team prioritizes services that are community-based.
- The team prioritizes access to services that are easily accessible to the youth and family.

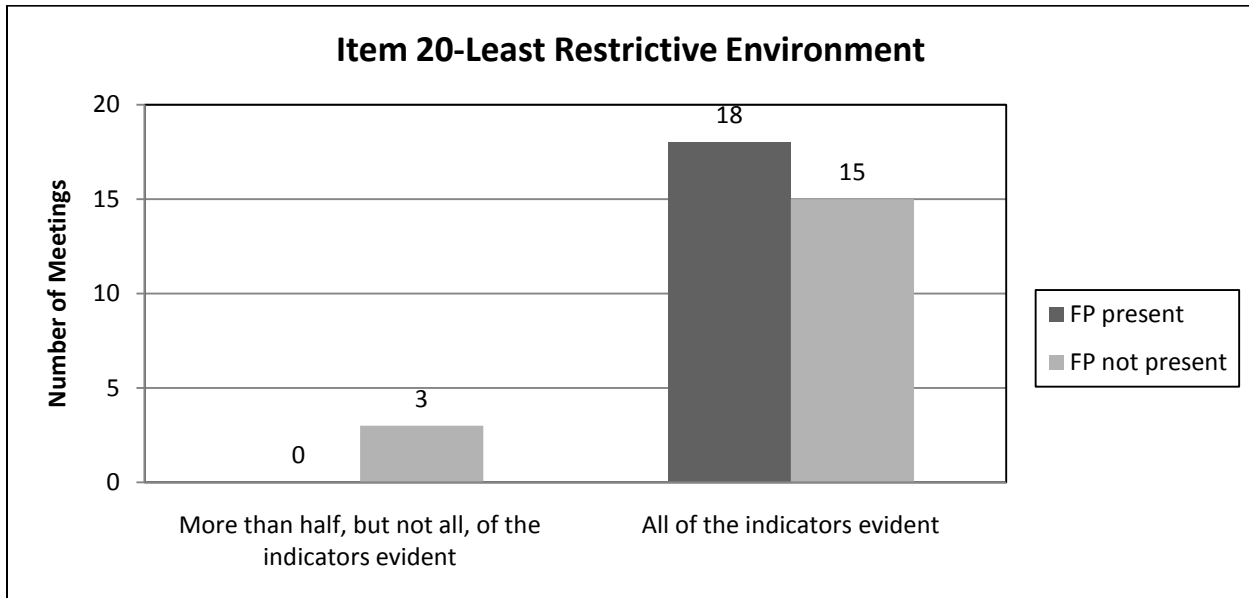


*Sample Observer Notes:*

- Services are community-based and easily accessible for the family. They will receive services in the home because it is difficult for the mother to bring her children somewhere. They are looking into daycare for them while she searches for a job.
- There is a community focus throughout the meeting. A couple of examples include the daughter's desire to work or volunteer, and the family's plans to use community support and counseling.
- Solutions and options for services are community-based, such as transportation to medical appointments and therapy at school. Most easily accessible services for the family are chosen, like the new bilingual therapist.

*Item 20- Least Restrictive Environment-*

- The team’s mission and/or identifies needs support the youth’s integration into the least restrictive residential and educational environments possible.
- When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements, wherever possible.
- When educational options are discussed, team chooses the most normative options possible for the child or youth.
- Serious challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments.



*Sample Observer Notes:*

- The new foster home should be a good placement for the girl. There is another girl there whom she gets along with well. The goal is for the girl to live with her aunt out of state. So far, the girl has been able to stay at her school, which is good for stability purposes. They are looking into solutions to the transportation issues in order to maintain enrollment at that school.
- Most of the family wants the girl to go into a group home, though the father is still undecided because this option does not appear to be appropriate. They are going to try to pursue therapy and put off the decision to place her in a group home for a while at least.
- The team has worked hard to keep the children in their relative placements, which are the least restrictive, normative living situations for them. They go to the same schools as previously, and are active in many school activities.

- The case plan doesn't include services for the children. Briefly, someone mentions that maybe the children should have counseling to cope with the loss of their siblings, but the parents say it's not necessary and the idea is dropped.
- The team is exploring different educational opportunities to best serve the child. He was recently placed with the father, because that home will be the most normative and least restrictive environment.

*Sample Overall Meeting Observer Notes - Family Partners*

- This child and family team has had several meetings and is familiar with the meeting process. They knew their roles on the team. The mother is very vocal about what she hopes to see happen and is unafraid to speak her mind. The father though encouraged to speak up several times, remains fairly silent. They have made good progress on their case plan, and are just waiting to begin therapy to move the process along. The team members take on responsibility for orchestrating the unsupervised visits by helping with transportation and completing the home visit. The team has had a lot of family support, as the grandparents currently care for the baby. Also, the sister is a big help with child care. However, none of these relatives attend these CFT meetings. The mother has stated that she would like her sister to attend, but there are scheduling conflicts. The family continues to succeed with their visits and substance abuse treatment. They are looking at closing the case after successful completion of therapy. ***The family partner is active with the family outside of the meetings, but does not engage in the meeting discussion.*** The brief moments of disagreement are skillfully mediated by the facilitator, though it is a positive environment for a majority of the time. Everyone agrees on the plan at the conclusion.
- The team has great participation from community members and agency representatives. None of the family's natural supports are present, however. The mother's attorney was invited, but did not attend. ***She [the mother] is clearly upset about this, and the family partner comforts her. The family partner informs the mother that it is her meeting, so if she is not comfortable with holding the meeting without her attorney present, they could reschedule.*** The mother says it's okay though, and proceeds with the meeting process. The facilitator leads everyone through the introduction and agenda. He makes sure everyone understands the process and each other's opinions. He often encourages the parents to speak up and voice their opinions, as they are reserved at the beginning. Team members review progress on goals, evaluate current needs, and brainstorm solutions. While there is hostility in the room at times, the overall environment is positive. Everyone is in agreement about the plan in the end.
- This family has been through a lot and had several reports to Social Services. The mother seems to distrust the social workers to an extent. The social workers, in turn, express that they can't trust the mother because some things she has said have turned out to be false. The mother is encouraged to share her experiences and give input on what she thinks will help the family. She requests therapy for herself as well as her daughter. Team members brainstorm different options to address issues. They all come to an agreement about services for the mother and children. The social work supervisor says that they'll need to complete a Family Boundaries agreement to ensure a plan for the future in which neither the mother nor daughter will be put in a volatile situation. The GAL is active with the family and commits to find out more about the court ordered regulations of the visits with the children in foster care. ***The Family Partner offers her support and tells the mother***

***about a free school supply fair that might be helpful.*** The team plans to meet again in one month at the family's home to monitor progress. No natural supports are present at the meeting. It is unclear whether the mother didn't know that she could bring anyone, or if she chose not to do so.

- The facilitator did a great job leading this meeting. The discussion was equally distributed and everyone understood the meeting's agenda and process. ***The family partner was particularly vocal in suggesting appropriate services and the family was very responsive and appreciative of her help.*** The representative from Esteem Family Life Center was also instrumental in the case planning and service recommendations. Everyone had a positive outlook, especially because the family was compliant and even welcoming of services. They recognized that they needed help and would do anything to improve the situation.
- There was a lot of good support for the family. In addition to four active extended family members, ***there was a family partner in attendance. She comforted the mother and advocated for her especially when they were discussing the details of the visitation plan. She made sure that the mother was okay with the plan and encouraged her to express her true feelings.***

### Summary

Overall, the majority of CFT meetings observed had more than half, or all, of the indicators present for all 20 items, whether a family partner was in attendance or not. There were some meetings that had half, or less than half, of indicators present for two items. For “Item 1 - Team Membership and Attendance”, two meetings had some, but fewer than half of applicable indicators evident, and seven meetings had only half of all applicable indicators evident. For “Item 7 - Natural and Community Supports,” six meetings had none of the indicators evident, and one meeting had some, but fewer than half, of the indicators evident.

The two items that had the highest scores were “Item 2 - Effective Team Process” and “Item 13 - Outcomes Based Process.” For these meetings, attendees were oriented to the meeting process, and understood the purpose of the meeting, the facilitator assisted the team to review and prioritize family needs, tasks and strategies were explicitly linked to goals, and potential barriers to the nominated strategy or option are discussed and problem-solved. In addition, the teams at these meetings set goals

with objective measurement strategies, assessed goals/strategies using measures of progress and revised the plan if progress toward goals was not evident.

Of the 36 meetings that were observed, all had neutral facilitators, which most likely contributed to the consistent high quality of all CFTs observed. While there were no statistically significant differences found between meetings with and without a family partner, for any of the TOM indicators or items, many of the observer notes indicate that family providers did provide support to families during the meetings. In addition, data collected from family partners regarding the types of services they provided to families indicate that their support to families continued before a family's CFT, or in Bladen County, before the CFT was held.

#### Limitations and Future Recommendations

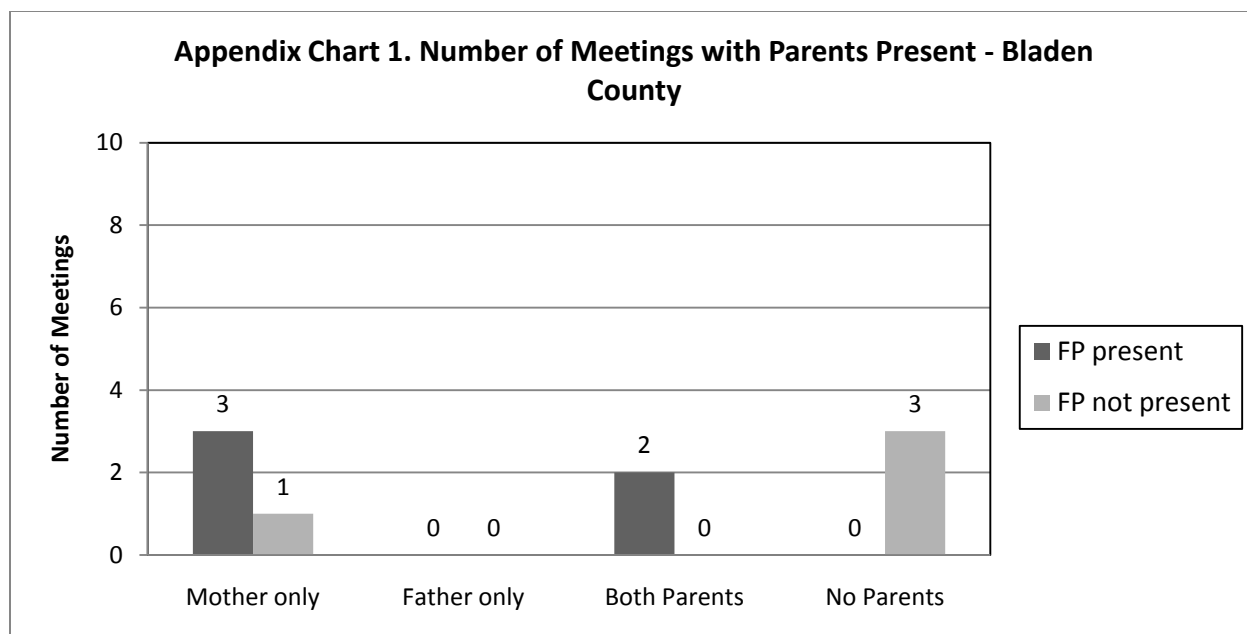
Limitations regarding the interpretation of these findings are threefold: 1) the small sample size of meetings observed, 2) family partners in Mecklenburg were not likely to have interacted with a family prior to attending their CFT, and 3) all meetings observed were led by a trained neutral facilitator. Recommendations for further evaluation would be to observe a greater number of meetings, with and without the presence of a family partner, over a longer period of time in all three SOC counties. In addition, it would be important to observe an equal number of meetings with and without a neutral facilitator in order to determine if their key role significantly contributes to the quality of CFT meetings. Another recommendation would be to develop policy, protocol, and procedures for referring family partners to families before CFTs are held. It is possible that this type of front-end engagement with families might help to better prepare families for their CFT, including the identification and invitation of natural supports.



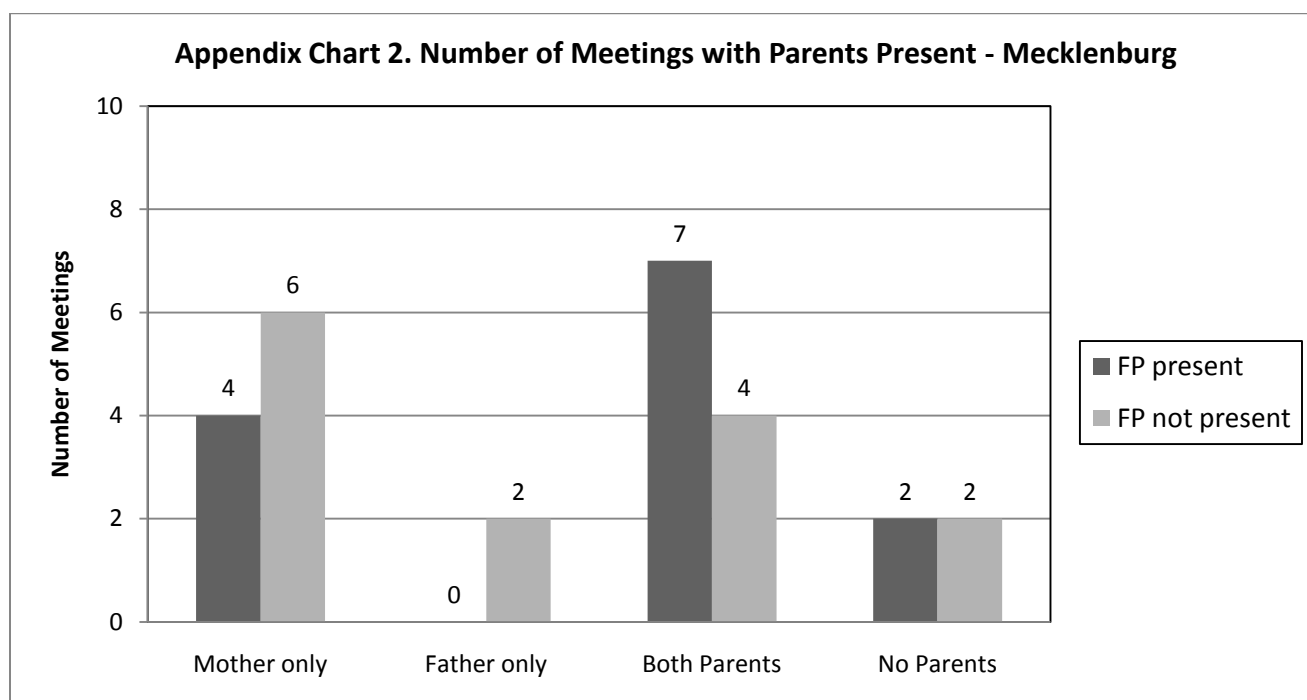
## Appendix

Appendix Table 1. Type of Meetings Attended by Family Partners – Bladen County							
	Initial		Follow-up		Transition/Discharge		
	FP present	FP not present	FP present	FP not present	FP present	FP not present	Total
Investigations	0	0	0	0	0	0	0
In-Home Services	0	0	4	2	1	0	7
Pre-Custody	0	0	0	0	0	0	0
Placement Move	0	0	0	0	0	0	0
Permanency Planning	0	0	0	0	0	1	1
Transition or Adoption	0	0	0	0	0	1	1
Total	0	0	4	2	1	2	9

Appendix Table 2. Type of Meetings Attended by Family Partners – Mecklenburg County							
	Initial		Follow-up		Transition/Discharge		
	FP present	FP not present	FP present	FP not present	FP present	FP not present	Total
Investigations	1	2	0	1	0	0	4
In-Home Services	1	1	6	5	0	0	13
Pre-Custody	1	0	1	0	0	0	2
Placement Move	0	0	0	0	0	1	1
Permanency Planning	1	1	0	1	2	1	6
Transition or Adoption	0	0	0	0	0	1	1
Total	4	4	7	7	2	3	27

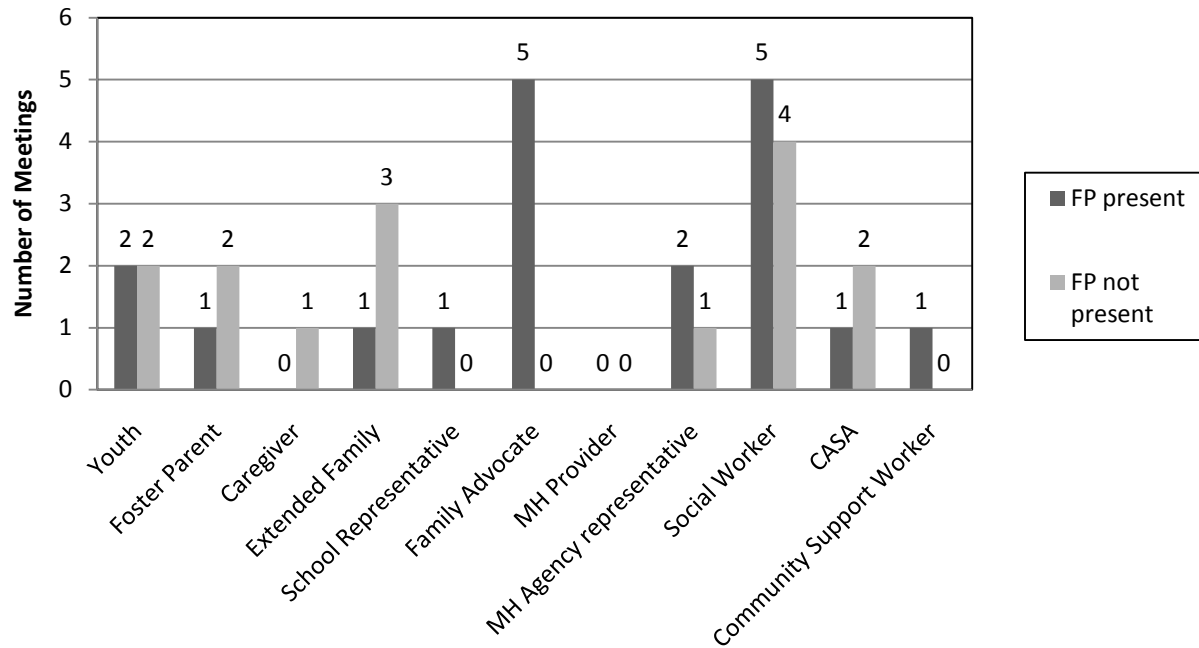


*Note:* Of the meetings for which no parents were present, one had an aunt with legal guardianship of the children and was pursuing adoption, one had the maternal grandmother because the mother was unable to attend due to medical reasons, and one had foster parents present.



*Note:* Of the meetings for which no parents were present, three had foster parents present.

**Appendix Chart 3. Number and Type of Meeting Participants - Bladen**



**Appendix Chart 4. Number and Type of Meeting Participants - Mecklenburg**

